

# **Action Project 2022**

## **NEW Leadership<sup>®</sup> Mississippi**

Center for Women's Research & Public Policy

Mississippi University for Women

Chanley Rainey, PhD

# Overview

As part of the NEW Leadership ® program, you will complete a political “Action Project.” Each year, we focus on a different issue—typically in a policy area that topped the agenda of a recent legislative session. As part of the project, you will research the issue from the perspective of an assigned interest group or coalition of interests. The project will culminate in a mock legislative committee hearing on proposed legislation related to the chosen policy area. The faculty in residence (FIRs), Dr. Chanley Rainey, and special guests will play the roles of legislative committee members.

This year, the committee will be studying Senate Bill 2033, which would extend Medicaid coverage for postpartum women from the two months currently provided to a full year after giving birth.

To help make the presentations effective and believable, each group will create characters who would testify in front of a non-fictional legislative committee. A particularly good strategy is to pair personal, “human impact” testimonies with experts who can talk about the generalizability of those experiences. The purpose of each speaker in the group is to provide evidence from a particular perspective, and you will need to think about the kinds of research and argument each character will offer and how each contributes to the group’s overall message. So, while some of your members will be doing research to craft realistic stories about the effects of this policy on ordinary people’s lives, others will be looking at scholarly articles related to the ethical, political, economic, or social implications this policy has for Mississippi as a whole.

Regardless of your specific interest group assignment, consider doing general research into the current policies, state and national, related to Medicaid and women’s reproductive healthcare. It will certainly be helpful to learn about the recent (unsuccessful) reform efforts in Mississippi. It’s likely that you’ll also benefit from learning how other states have fared after extending postpartum Medicaid coverage or how they have successfully lowered their infant and maternal mortality rates. As you conduct your research, ask yourself how different groups attempt to persuade their audiences. What kinds of evidence do they use to support their arguments? To what beliefs and values do they appeal? This will help you “hit the ground running” and anticipate the arguments the committee will hear from other groups.

# Groups Assignments

## Blue Group: Progressive Women's Coalition

*Leading Figures: Cassandra Welchlin, MS Black Women's Roundtable; Barbara Blackmon, MS Senate; Omeria Scott, MS House*

*Vision: Improve women's lives and ensure systemic sexism, racism, and economic exploitation are recognized and combatted. Gender inequalities continue to result in higher rates of poverty and poorer health outcomes among women despite the greater share of work (especially when unpaid labor is considered) they shoulder. Women living at the intersection of gender and race-based oppression are even worse off, as evidenced by the fact that Mississippi's maternal and infant mortality rates are much higher among women of color. Government policies must redress these inequalities.*

Isabella Escobedo	Kayla Jackson	Amrit Kaur	Ariel Smith	Maria West
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FIR: Kristie Metcalfe

Mentor: Kelsi Ford

## Red Group: Mississippians for Freedom and Prosperity

*Leading Figures: Phillip Gunn, Speaker of the House; Chris McDaniel, MS Senate; Angela Burks Hill, MS Senate*

*Vision: Improve the quality of life in Mississippi by nurturing the economy and making the state attractive to businesses and young, skilled professionals while also limiting the size and power of state and federal government. Business-friendly, low-tax policies are good for Mississippians, rich and poor alike, because they encourage self-reliance and entrepreneurship. Welfare programs like Medicaid should be kept minimal because they necessitate higher taxes, lead to more bureaucracy, and lead people to become dependent on government services.*

Kelsei Harris	Adamari Posadas	Maddy Ryan	Makenna Riley
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FIR: Adrienne Hooper-Wooten

Mentor: Toya McQueen

# Yellow Group: Compassionate Conservatives Network

*Leading Figures: Kevin Blackwell, MS Senate; Lynn Fitch, Attorney General (sort of<sup>1</sup>)*

*Vision: Strengthen traditional family values, improve pregnancy-related outcomes for Mississippi families, and reduce the incidence of abortion in the state. Mississippi has the opportunity to lead as an example of what it means to be a truly pro-life state by adopting policies that support families, particularly mothers, throughout pregnancy and during early childhood. Even if Roe v Wade is overturned and abortion is outlawed in the state, it will not mean the end of abortion and won't ensure every child receives the love and care they deserve. Abortion can only be fully eliminated if women choose to continue their pregnancies, and policies that encourage marriage, strengthen community resources, and provide safety nets and pro-life options for poor women and women in crisis will be essential to making sure women make the right choice.*

Janiya Davis

Sabrina Davis

Kevana Funches

Leis Parish

Kennedy Pierce

FIR: Amy Tate

Mentor: Caitlin Phillips

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<sup>1</sup> In 2020, Attorney General Lynn Fitch joined 17 other states and the Trump Administration in a legal challenge seeking to unravel the Affordable Care Act (ACA), aka "Obamacare." The ACA is the law that makes it possible for states to expand Medicaid coverage, including for postpartum mothers. While actions like this suggest AG Fitch's staunch opposition to Medicaid, she has also positioned herself as a compassionate conservative as her office has defended Mississippi's 15-week abortion law before the Supreme Court in the ongoing *Dobbs v. Jackson Women's Health Organization* case. She has partnered with Her PLAN and encouraged policies to strengthen pregnancy crisis centers and provide more support to pregnant women and new mothers. For more information, see Pittman, Ashton. October 8, 2021. "Abortion Advocates Ignore Women's Poverty, Attorney General Fitch Claims." *Mississippi Free Press*. <https://www.mississippifreepress.org/16779/abortion-advocates-ignore-womens-poverty-attorney-general-fitch-claims>.

## NOTE ON ROLES & RESPONSIBILITIES

Throughout the week, FIRs, Mentors, and MUW staff will guide and support students in their efforts to research and prepare a presentation for the mock legislative committee hearing described in the following pages. FIRs and mentors will work closely with their assigned student groups as they prepare for the mock hearing, while MUW staff will periodically provide focused assistance and will be available for additional support as needed. Mentors may be called upon to assist with group presentations—particularly if a group is small—while FIRs and MUW staff will play the role of legislators during the mock committee hearing.

Students are responsible for being fully present during all scheduled Action Project prep sessions and for working with group members, mentors, and FIRs to arrange extra research and rehearsal sessions as needed. Be engaged, attentive, and respectful of the experience and knowledge your peers, mentors, FIRs, and other staff have to offer. Contribute your best efforts to the project. When challenged to represent a view in conflict with your own values and beliefs, trust that a) we owe it to one another to fully consider the best arguments each side has to offer and b) it is strategically useful to know thine enemies.

# Action Project 2022

## The Issue

This year, your project will focus on women's healthcare policy; specifically, efforts to extend postpartum coverage under Mississippi's Medicaid health insurance program. During the 2021 and 2022 sessions of the Mississippi Legislature, the Mississippi Senate approved bills that would have allowed women to maintain Medicaid coverage for a full year after giving birth. In both cases, the proposal failed in the Mississippi House of Representatives without ever coming to a vote.

In 2021, the proposal was included as one of many provisions in the large Medicaid Technical Amendments bill. In conference, members of the House had the postpartum extension language deleted from the bill before sending it back to the full chambers for final approval. In 2022, Senator Kevin Blackwell, a Republican and Chair of the Senate Medicaid Committee, again introduced the proposal, this time as a stand-alone bill, SB 2033. The bill passed the Senate with strong bipartisan support; 46 Senators voted for the measure, only five Senators voted against it<sup>2</sup>. However, SB 2033 died in the House after the chairman of that chamber's Medicaid Committee, Representative Joey Hood (also a Republican), failed to bring it up for a vote before the deadline to do so passed. In other words, he let it "die on the calendar."

The Republican Speaker of the House, Phillip Gunn, made clear his opposition to SB 2033, explaining that he considered it to be an expansion of Medicaid. Many prominent Republicans, including Governor Tate Reeves, have been staunch critics of the Affordable Care Act (ACA) and reject calls to take advantage of options to expand Medicaid eligibility and coverage made available to states under the ACA. Mississippi Attorney General Lynn Fitch also made the state party to a 2020 legal challenge seeking to invalidate the ACA, which would have eliminated the option to expand Medicaid for all states.

However, other leaders in the Republican party have endorsed various expansions or coverage extensions, and Lieutenant Delbert Hosemann publicly criticized Gunn for letting the bill die and said he would appeal to Gunn's "Christian values" and work to have the proposal reconsidered.<sup>3</sup> In fact, both Hosemann and Blackwell have framed the

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<sup>2</sup> The roll call vote, which shows which Senators voted for, against, or were absent/not voting, is available on the Legislature's website at <http://billstatus.ls.state.ms.us/2022/pdf/votes/senate/0300052.pdf>

<sup>3</sup> The Senate did pass a resolution (SC 588) to suspend the rules and allow the House to vote on SB 2033 past deadline, but that resolution also died in committee—this time in the House Rules Committee.

issue within the pro-life movement, saying that providing more postpartum support to low-income mothers should be considered an essential part of caring for the unborn, the newborn, and their mothers.

This would seem to connect their efforts to Attorney General Lynn Fitch’s campaign to present the *Dobbs v Jackson Women’s Health Organization* case—which may prompt the US Supreme Court to overturn *Roe v Wade* and eliminate a constitutional right to abortion—as an opportunity for Mississippi to “empower women” while promoting life and “the dignity of women and children.” AG Fitch has partnered with Her PLAN and the Susan B. Anthony List and highlighted the work of pro-life crisis pregnancy centers in the state. While it has not been reported that her office lobbied for legislation granting tax credits to those who donate to these centers, she touted the \$3.5-million tax credit (and the new equal pay law) in an op-ed announcing a virtual “Empower Women, Promote Life” virtual baby shower on Valentine’s Day.

## The Scenario

We will pretend the House Medicaid Committee is meeting to hear expert testimony on extension of postpartum Medicaid coverage ahead of the 2023 legislative session. Below are the legislators who serve on the Medicaid Committee in the Mississippi House of Representatives:

Joey Hood (R), Chairman	Clay Deweese (R), Vice-Chairman	
Randy P. Boyd (R)	Chris Brown (R)	Bryant W. Clark (D)
Dana Criswel (R)	Becky Currie (R)	Bob Evans (D)
Debra Gibbs (D)	John W. Hines, Sr. (D)	Missy McGee (R)
Sam C. Mims, V (R)	Daryl Porter (D)	Rob Roberson (R)
Omeria Scott (D)	Fred Shanks (R)	Jerry R. Turner (R)
Jason White (R)	Henry Zuber III (R)	

The House Medicaid Committee is meeting over the summer to examine the specific proposal approved by the Senate in SB 2033. They have requested that various groups come to their meetings and provide information regarding Mississippi Medicaid policy and maternal and infant health. The faculty in residence (FIRs), and others will act as Committee members. Students will play the role of the invited groups.

Your Action Project group represents one of the organizations or coalitions invited to provide testimony to the Study Committee. Each member of your team is someone chosen by your organization to speak at the Committee's hearing. The appendix provides detailed information on each organization that will help you refine your specific personas, but it is typical for presentations to feature a nonprofit or interest group representative, an "ordinary citizen" who can speak to the on-the-ground impact of legislation, and an academic or policy analyst. By coordinating your members' testimony, you are attempting to tell a coherent story that will influence the committee members' decisions on SB 2033. The legislative committee expects you to provide relevant and accurate information that can inform their actions concerning this and related legislation likely to confront them in the 2023 session. In the end, you must decide how best to represent the array of principles and goals contained in your coalition of policy experts, consultants, concerned citizens, those directly affected in particular ways, and interest groups.

## Group Presentations

Fictional organizations have been created for this project to represent the different elements of political discussion about postpartum Medicaid policy in the state of Mississippi: Mississippians for Freedom & Prosperity, the Progressive Women's Coalition, and the Compassionate Conservatives Network. Although the group, coalition, or alliance itself is not real, the assorted interests that support each group are real. In this way, your research will engage with actual groups, bills, and political actors as much as possible.

Each group will have 30 minutes for its presentation: 20 minutes for the group to present its case, followed by 10 minutes of Q&A with committee members. As part of its 20-minute presentation to the legislative committee, each group is allowed to call on "experts" and other witnesses and may use a variety of appeals in its presentation, including emotional appeal, intellectual appeal, and/or ethical appeal. The legislative hearing is public, so each group must assume that a wide variety of media representatives are reporting on the presentations. Your testimony should be a public-facing, professional and influential presentation based on the goals and beliefs represented within your assigned group.

In your presentations, each individual will assume a particular role and needs to introduce themselves and speak from the perspective of a fictional persona. For example, a group might include a low-income mother who can speak to her experiences with Medicaid, a business owner or young professional who prefers that the state restrict spending so taxes can be reduced, or a healthcare provider who will explain how Medicaid fits into the financial operations of their hospital or clinic. Consider the following role categories as you compose your group's presentation to the legislative committee:



- Concerned citizens
- Representatives of the business or healthcare community
- Spokespersons for advocacy organizations or networks
- Experts and academics
- Elected and appointed officials from other branches of government

Although your group assignment may entail a policy perspective at odds with your actual political or personal beliefs, you will be expected to use research materials, concepts, and ideas which support the consensus of the group to which you are assigned. Read the group descriptions in the appendix and think about how you would propose persuasive arguments from each group's perspective. Be prepared to give the most robust argument on behalf of your group's position and to anticipate and effectively counter the best arguments of others.

## Research

Research your group's perspective to the best of your ability using websites, news reports, policy briefs, government data, and peer-reviewed academic essays. Often the best testimonies include a mix of "hard" (quantitative) data, personal narratives (qualitative data), and ideological or moral argument, so you will need to think of a range compelling and realistic arguments to deploy in the presentations. The scenarios and personas you describe might be fictional, but they should be based on research into the actual experiences of particular persons or groups and grounded in a thoughtful explanation of how lived experiences connect to the presentation's overarching empirical (data-driven) and normative (ethical) arguments.

All students will have access to [Fant Memorial Library](#)—both its online and hard copy resources—as well as library staff. Anita Pintado, one of the Public Services Associates, will lead a research session to help you get started and is familiar with your project. Any of the staff will be happy to work with you to locate pertinent information in Fant between the hours of 7:30 am and 8:00 pm. In addition, you can access The W's online collections from a laptop anywhere on campus. Don't forget that you have been admitted as MUW students, so you have the 950 number required to reserve study rooms in Fant and to access online library services. In addition, you can make use of your group members' own university library accounts to access additional online materials.

# RESOURCES

The list below is only a beginning to the kind of research that you will need to engage in when you arrive on campus. You will not need to know, understand, or represent all of the groups and arguments suggested below and you may find that unmentioned material is useful. Your group will only represent a small slice of a much larger conversation. However, this preliminary list is meant to give you a sense of the kind of evidence, sources, and perspectives that exist on this topic and the contours of the debate you will be entering.

Possible categories of research might include public opinion, news articles on the debate in Mississippi, laws and legal advisories on state policies, guides to federal policies, and white papers, policy briefs, and other policy-related publications from advocacy groups, think tanks, and academic researchers.

## Legislation & Legislative Debate

The first document to review is Senate Bill 2033: Senator Blackwell's proposal to extend Medicaid coverage to include twelve months of postpartum care. In addition, take note of SC 588, which was the Senate's attempt to revive SB 2033 after it died on the calendar. These proposals are at the center of the Action Project.

- Senate Bill 2033. <http://billstatus.ls.state.ms.us/2022/pdf/history/SB/SB2033.xml>
- Senate Concurrent Resolution 588.  
<http://billstatus.ls.state.ms.us/2022/pdf/history/SC/SC0588.xml>

These were not the only bills dealing with postpartum Medicaid expansion introduced during the 2022 legislative session. You can find other bills, some expanding coverage of mental health, substance abuse, and at-home support services for postpartum women with children under 12 months old, by searching the Legislative Information Systems on the legislature's website.

- <http://www.legislature.ms.gov/legislation/>
- For example, Senator Barbara Blackmon authored SB 2314 and SB 2446.  
<http://billstatus.ls.state.ms.us/2022/pdf/history/SB/SB2314.xml>

You will also benefit from watching the Senate floor debate on SB 2033.

- "Senate Debate and Roll Call Vote." February 2, 2022. Mississippi College School of Law. Legislative History Project. [https://law-db.mc.edu/legislature/bill\\_details.php?id=10683&session=2022](https://law-db.mc.edu/legislature/bill_details.php?id=10683&session=2022)

Depending on your group assignment, you may also want to be aware of the the Pregnancy Resource Act (HB 1685).

<http://billstatus.ls.state.ms.us/2022/pdf/history/HB/HB1685.xml>

## Advocacy Surrounding SB 2033

“Letter to Speaker Gunn and Members of the Mississippi House of Representatives.”

February 21, 2022. Reported by Adam Ganacheu. *Mississippi Today*.

[https://s3.documentcloud.org/documents/21418196/img\\_7842.pdf](https://s3.documentcloud.org/documents/21418196/img_7842.pdf)

“Mothers Lives in the Balance: Why SB 2033 is Important.” February 24, 2022. The Lighthouse: Black Girl Projects. Facebook.com.

<https://www.facebook.com/luvblkgrls/videos/1144309429671596/>

“The Real Facts About the Senate Plan to Expand Medicaid.” March 26, 2022.

Mississippi Center for Public Policy. <https://mcpolicy.org/the-real-facts-about-the-senate-plan-to-expand-medicaid/>

## Background & Policy Analysis

### INFANT & MATERNAL MORTALITY

“Infant Mortality in Mississippi: Potential Strategies to Improve Infant Health.” 2014. Issue

Brief. Center for Mississippi Health Policy. <https://mshealthpolicy.com/wp-content/uploads/2014/01/Infant-Mortality-Issue-Brief-Jan-2014.pdf>

Collier, Charlene, Mina Qobadi, Tommy Cobb, and James N. Martin, Jr. 2019.

“Mississippi Maternal Mortality Report.” Mississippi State Department of Health.

[https://msdh.ms.gov/msdhsite/\\_static/resources/8127.pdf](https://msdh.ms.gov/msdhsite/_static/resources/8127.pdf)

“Postpartum Medicaid: Addressing Gaps in Coverage to Improve Maternal Health.” 2021.

Issue Brief. Center for Mississippi Health Policy. <https://mshealthpolicy.com/wp-content/uploads/2014/01/Infant-Mortality-Issue-Brief-Jan-2014.pdf>

“Medicaid Postpartum Coverage Extension Tracker.” May 24, 2022. Kaiser Family

Foundation. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

### PRO-LIFE PLUS – THE MOVEMENT BEYOND ABORTION

Stanek, Jill and Chaney Mullins Gooley. “Mississippi Pathways Guide.” *Pathways to Life:*

*A Guide for Churches to Help Pregnant and Parenting Moms in Need.* Her PLAN.

<https://herplan.org/mississippi-pathways-to-life/>

Summerhays, Anne. February 14, 2022. "AG Lynn Fitch Launches 'Empower Women Promote Life Donation Drive' With Her PLAN Mississippi." *Y'all Politics*. <https://yallpolitics.com/2022/02/14/ag-lynn-fitch-launches-empower-women-promote-life-donation-drive-with-her-plan-mississippi/#:~:text=On%20Monday%2C%20Attorney%20General%20Lynn,Mississippi%20pro%2Dlife%20pregnancy%20centers.>

- This article includes video from the Attorney General's Office announcing the campaign.

"ICYMI: Celebrating All Moms on This Mother's Day, Consider These Facts About Mississippi Moms." Official Statement. Office of the Attorney General. <https://www.ago.state.ms.us/2022/05/19/icymi-celebrating-all-moms-on-this-mothers-day-consider-these-facts-about-mississippi-moms-050922/>

Hayes, Kim. March 8, 2022. "Standing Shoulder to Shoulder for Women's Dignity – Miss. AG Leads in Supporting Pregnancy Resource Centers." *Pregnancy Help News*. <https://pregnancyhelpnews.com/standing-shoulder-to-shoulder-for-women-s-dignity-miss-ag-leads-in-supporting-pregnancy-resource-centers>

McCammon, Sarah. July 24, 2017. "How Crisis Pregnancy Center Clients Rely on Medicaid." *NPR*. <https://www.npr.org/sections/health-shots/2017/07/24/538556088/crisis-pregnancy-centers-help-pregnant-women-enroll-in-medicaid>

#### FISCAL CONSERVATISM & CRITICISM OF MEDICAID

"Resolution Opposing PPACA Medicaid Expansion." 2013. American Legislative Exchange Council. <https://alec.org/model-policy/resolution-opposing-ppaca-medicaid-expansion/>

"NBER Report: Medicaid Expansion Reduces Incentives to Work." 2014. American Legislative Exchange Council. <https://alec.org/article/medicaid-expansion-reduces-incentives-to-work/>

Williams, Jonathan and Thomas Savidge. 2020. "The Impact of Medicaid Expansion on State Budgets." American Legislative Exchange Council. <https://alec.org/article/the-impact-of-medicaid-expansion-on-state-budgets/>

Miller, J. Corey and Sondra Collins. 2021. "A Fiscal and Economic Analysis of Medicaid Expansion in Mississippi Under the Affordable Care Act." University Resource Center. Mississippi Institutions of Higher Learning. Jackson, Mississippi. <http://www.mississippi.edu/urc/downloads/urcmecaid2021.pdf>

Taylor, Jameson. 2018. "Medicaid: A Government Monopoly That Hurts the Poor." In *Promoting Prosperity in Mississippi*. Edited by Brandon N. Cline, Russell S. Sobel, and Claudia R. Williamson. Mississippi State University Institute for Market Studies.

[https://www.ims.msstate.edu/sites/www.ims.msstate.edu/files/PPiM\\_Feb19\\_2018\\_Chapter14.pdf](https://www.ims.msstate.edu/sites/www.ims.msstate.edu/files/PPiM_Feb19_2018_Chapter14.pdf)

#### ADDITIONAL SOURCES OF DATA

Infant and Maternal Mortality Surveillance. Mississippi State Department of Health.

[https://msdh.ms.gov/msdhsite/\\_static/31,0,299,359.html](https://msdh.ms.gov/msdhsite/_static/31,0,299,359.html)

State Profiles for Women's Health. State Health Facts. Kaiser Family Foundation.

<https://www.kff.org/interactive/womens-health-profiles/?activeState=United%20States&activeCategory=abortion-statistics>

Medicaid & CHIP. State Health Facts. Kaiser Family Foundation.

<https://www.kff.org/state-category/medicaid-chip/>

Health Costs & Budgets. State Health Facts. Kaiser Family Foundation.

<https://www.kff.org/state-category/health-costs-budgets/>

"State Overview: Mississippi." United For ALICE. United Way.

<https://www.unitedforalice.org/state-overview/mississippi>.

Her PLAN is a nonprofit effort to create a national network of pro-life resources that will connect churches, nonprofits, and individuals to service providers working in seven core areas of need that are related to abortion. While their directory of service providers is not yet complete (Virginia is the only complete state as of 5/23/2022), you can see the importance of Medicaid in the fact that it is available as a filter.

- "How to Use the Her Plan Map." Map Tips. Her PLAN.  
<https://directory.herplan.org/maps-tips>
- "Provider Search." Her PLAN Map. <https://directory.herplan.org/provider-search>

The Federal Budget in Fiscal Year 2020: An Infographic. 2021.

<https://www.cbo.gov/publication/57170>

## Press Coverage

**Press reports are listed in chronological order.**

Vance, Taylor. February 8, 2022. "Senate Passes Bill to Extend Postpartum Medicaid Coverage to Mississippi Mothers." *Daily Journal*.

[https://www.djournal.com/news/state-news/senate-passes-bill-to-extend-postpartum-medicaid-coverage-to-mississippi-mothers/article\\_a6ff500a-d293-521b-ba5e-33e146398c8f.html](https://www.djournal.com/news/state-news/senate-passes-bill-to-extend-postpartum-medicaid-coverage-to-mississippi-mothers/article_a6ff500a-d293-521b-ba5e-33e146398c8f.html)

Ulmer, Sarah. February 8, 2022. "Mississippi Senate Moves Prenatal Postpartum Care Bill Forward." *Y'all Politics*. <https://yallpolitics.com/2022/02/08/mississippi-senate-moves-prenatal-postpartum-care-bill-forward/>

Judin, Nick. February 9, 2022. "Medicaid on Track As Legislative Deadlines Loom." *Mississippi Free Press*. <https://www.mississippifreepress.org/20601/ballot-initiative-postpartum-medicaid-on-track-as-legislative-deadlines-loom>

- Includes statements from interviews with Senators Kevin Blackwell and Chris McDaniel as well as Dr. Charlene Collier, OB-GYN and director of the Mississippi Maternal Mortality Committee.

Ulmer, Sarah. February 28, 2022. "Mississippi Organizations Back Pro-Life Postpartum Coverage Bill." *Y'all Politics*. <https://yallpolitics.com/2022/02/28/mississippi-organizations-back-pro-life-postpartum-coverage-bill/>

Taft, Isabelle. March 8, 2022. "House Kills Effort To Extend Healthcare Coverage for New Moms." *Mississippi Today*. <https://mississippitoday.org/2022/03/09/postpartum-medicaid-expansion-dies/>

- Includes statements from interviews with Speaker Phillip Gunn and Representative Kevin Blackwell, correspondence with Dr. Anita Henderson, President of the Mississippi Chapter of the American Academy of Pediatrics, and statements by Representative Omeria Scott and Cassandra Welchlin.

Pettus, Emily Wagster. March 9, 2022. "Mississippi House Leaders Kill Postpartum Medicaid Extension." *Associated Press*. <https://apnews.com/article/health-mississippi-medicaid-c49dcbdc7b356f593485853aee5458c1>

- includes statements from interviews with Speaker Phillip Gunn and Representative Joey Hood, Chair of the House Medicaid Committee

Judin, Nick and Ashton Pittman. March 10, 2022. "House Political Games Kill Medicaid Extension For New Mothers in Mississippi." *Mississippi Free Press*. <https://www.mississippifreepress.org/21646/house-political-games-kill-medicaid-extension-for-new-mothers-in-mississippi/>

Kalich, Tim. March 11, 2022. "Medicaid Is Also Pro-Life." *Greenwood Commonwealth*. <https://www.starherald.net/medicaid-also-pro-life-622bff1a3284e#sthash.Yc8wCe8z.esvapROJ.dpbs>

Taft, Isabelle. March 11, 2022. "Medicaid Coverage Helped This Mississippi Mom Fight Postpartum Depression. Now, She's Set To Lose It." *Mississippi Today*. <https://mississippitoday.org/2022/03/11/medicaid-coverage-postpartum/>

- Reporting includes deeper coverage of one of the personal narratives presented later in Taft's April 6 article (see below) as well as interviews with practitioners at the Family Health Center, a federally qualified health clinic serving five rural, poor counties: Clarke, Jasper, Jones, Smith, and Wayne. <https://mississippitoday.org/2022/03/11/medicaid-coverage-postpartum/>

Jackson, Courtney Ann. March 14, 2022. "Senate Plans to Revive Postpartum Medicaid Coverage Bill." WLBT. <https://www.wlbt.com/2022/03/15/senate-plans-revive-postpartum-medicaid-coverage-bill/>

- Includes video of Lt. Governor Delbert Hosemann's press conference.

Pettus, Emily Wagster. March 14, 2022. "Mississippi Could Renew Push to Extend Medicaid for New Moms." *Associated Press*. <https://apnews.com/article/health-delbert-hosemann-mississippi-jackson-medicaid-a08e3808462412795167120ac88d4637>

- Includes statements from Speaker of the House Phillip Gunn, Lieutenant Governor Delbert Hosemann, and Cassandra Welchlin.

Royals, Kate. March 15, 2022. "Doctors Asked Speaker Gunn to Extend Health Coverage for Moms and Babies. Then He Blocked It." *Mississippi Today*. <https://mississippitoday.org/2022/03/15/philip-gunn-doctors-health-coverage-for-moms-and-babies/>

- Includes several statements from Lieutenant Governor Delbert Hosemann as well as statements from Speaker Gunn's office; Dr. Michelle Owens, the division chief of the Department of Obstetrics and Gynecology in the School of Medicine at the University of Mississippi Medical Center; and Dr. Anita Henderson, president of the Mississippi chapter of the American Academy of Pediatrics.

Judin, Nick. March 23, 2022. "'This Is Not Expansion': Mississippi Senate Trying to Revive Postpartum Medicaid Bill Gunn Killed." *Mississippi Free Press*. <https://www.mississippifreepress.org/22176/this-is-not-expansion-mississippi-senate-trying-to-revive-postpartum-medicaid-bill-gunn-killed>

Taft, Isabelle. March 29, 2022. "Senate Gives Gunn Another Chance to Extend Health Care For New Moms." *Mississippi Today*. <https://mississippitoday.org/2022/03/29/postpartum-medicaid-revived/>



- Reporting includes opposition statements from Senator Angela Burks Hill and responses from Senator Kevin Blackwell.

Taft, Isabelle. April 6, 2022. "After Lawmakers Go Home Without Extending Postpartum Medicaid, Six Moms Speak Out." *Mississippi Today*.

<https://mississippitoday.org/2022/04/06/mississippi-moms-medicaid-postpartum/>

- Profiles the experiences of six women in Mississippi who received healthcare coverage under Medicaid during and after their pregnancies.

"Interview with Gov. Tate Reeves (R-MS). May 8, 2022. Transcripts. CNN.

<https://transcripts.cnn.com/show/sotu/date/2022-05-08/segment/01>

Smith, Sarah. May 16, 2022. "The State Behind Roe's Likely Demise Also Does the Least for New Parents in Need." *Louisiana Illuminator*.

<https://lailluminator.com/2022/05/16/the-state-behind-roes-likely-demise-also-does-the-least-for-new-parents-in-need/>

- Includes detailed comments from Cassandra Welchlin and representatives of both the Kaiser Family Foundation and the National Institute for Reproductive Health.



# Appendix

## *Detailed Group Descriptions*

### Blue Group: Progressive Women's Coalition

*Leading Figures: Cassandra Welchlin, MS Black Women's Roundtable; Barbara Blackmon, MS Senate; Omeria Scott, MS House*

*Goal: Improve women's lives and ensure systemic sexism, racism, and economic exploitation are recognized and combatted. Gender inequalities continue to result in higher rates of poverty and poorer health outcomes among women despite the greater share of work (especially when unpaid labor is considered) they shoulder. Women living at the intersection of gender and race-based oppression are even worse off, as evidenced by the fact that Mississippi's maternal and infant mortality rates are much higher among women of color. Government policies must redress these inequalities.*

Your coalition is a network connecting various feminist and progressive groups in the state, some that belong to national federations and others that are homegrown and exist only in Mississippi. You are diverse: some organizations are majority black and others majority white; some organizations skew younger, others older; some represent middle-class professionals while others represent those living in poverty and working low-wage jobs. In the legislature, you are most closely aligned with the Legislative Black Caucus.

These diverse groups are united by a commitment to improving the lives of society's most disadvantaged and by a conviction that most social, political, and economic institutions have been designed in ways that rely on and maintain the existence of an impoverished and disenfranchised class. Western European cultural traditions and the legacies of plantation slavery mean that women and people of color face more barriers to class mobility and are overrepresented amongst the poorest and most politically alienated in Mississippi. Political power must be truly democratized and used to reform or replace the institutions that perpetuate sexism, racism, and economic exploitation.

Your groups are focused on reducing poverty and economic inequality through redistributive and social safety net programs, a high-quality system of public education, and laws prohibiting discrimination on the basis of race, sex, and gender. Programs like Medicaid are essential to mitigating the worst effects of the systems we've inherited. In fact, your network has been pushing Mississippi to expand eligibility for Medicaid since the Patient Protection and Affordable Care Act (ACA; a.k.a., Obamacare) created the option for states in 2010. This has been an uphill fight, but some key Republican leaders

in the state now support the idea, and you are pushing for piecemeal progress as opposition to the program decreases.

Expanding the period during which low-income, postpartum women qualify for healthcare insurance under Medicaid is a step in the right direction and would have a huge impact on the state's most vulnerable families. Your coalition has repeatedly called attention to the fact that Mississippi's infant and maternal mortality rates are unacceptably high and are frequently the worst in the nation. Last year, the Mississippi United Ways Association released a report that reveals just how important gender is to understanding poverty: it's ALICE (Asset Limited, Income Constrained, Employed) report showed that about a third of Mississippians earn enough to live above the Federal Poverty Level (FPL) but nonetheless struggle to afford housing, child care, food, transportation, health care, and a basic smartphone plan each month. Just under 9% of all households in Mississippi are single-female-headed with children; of these, 83% live below the FPL or are in the ALICE category. These rates of economic hardship reflect the burdens facing women—especially women of color—and the potential impact on women and children that a law expanding postpartum Medicaid coverage could have.

Indeed, the feminist women's groups in your coalition strongly support public service programs like Medicaid because government programs often reduce the burdens of women's care work or mitigate the effects of gender discrimination in other ways. For example, working mothers benefit from early childhood education programs while poor women benefit from SNAP, WIC, Medicaid, and other social welfare programs. Further, women are overrepresented in the charitable sector, which already works tirelessly to supplement government services that don't go far enough in helping the most vulnerable.

Some will argue that poor women with children should help themselves by getting married, but the feminists in your network point out that women's choices about whether or not to pursue a domestic partnership or marriage should be free from economic coercion. There are systemic issues that place the work of child-rearing disproportionately on women's shoulders and that render them less able to achieve economic self-sufficiency. These are not acceptable. It is easy to see that a woman should not have to choose between staying in an abusive relationship and poverty, but the same is really true for *any* relationship: women shouldn't be forced into intimate partnerships by the need to escape poverty.

You are also unsympathetic to the argument that a program like Medicaid should be cut so that taxes can be reduced. Look at the recent tax cut passed by the Mississippi legislature: it reduces the state's already-low income tax even further but leaves the grocery tax—the tax that poor and rich alike pay—as the highest in the nation. You're not interested in starving programs that actually help the poor so that people who already have more than they need can keep more of their income.

Postpartum Medicaid expansion seems within reach—despite the fact that it has failed to pass two years in a row now—and you have had some success pursuing related reforms. Still, with every step forward, you are disappointed by the fact that reforms weren't taken further and confronted by the potential for backsliding. For example, your coalition members have been working together for a number of years to pass an Equal Pay law in Mississippi, and while the state is no longer the only one without such law, your member organizations were bitterly disappointed with the watered-down law that passed.<sup>4</sup>

This is frustrating work, but the coalition is united in its belief that eliminating economic inequalities based on gender and race is a moral imperative and a practical investment in a better future for all. Uplifting the most disadvantaged among us and eliminating discrimination will improve the lives of all Mississippians and make our society not only more just, but more successful. Only when everyone thrives can we benefit from the full and diverse range of talents, ideas, and effort that Mississippi has to offer.

## Red Group: Mississippians for Freedom and Prosperity

*Leading Figures: Phillip Gunn, Speaker of the House; Chris McDaniel, MS Senate; Angela Burks Hill, MS Senate*

*Goal: Improve the quality of life in Mississippi by nurturing the economy and making the state attractive to businesses and young, skilled professionals while also limiting the size and power of state and federal government. Business-friendly, low-tax policies are good for Mississippians, rich and poor alike, because they encourage self-reliance and entrepreneurship. Welfare programs like Medicaid should be kept minimal because they necessitate higher taxes, lead to more bureaucracy, and lead people to become dependent on government services.*

Your coalition is united by beliefs in traditional social values, fiscal conservatism, and the importance of limited government. Mississippians and Americans will prosper more in the long run when government intervention in the economy is limited. Efforts to redistribute income from the wealthy to the poor are understandable but do not really help the poor and end up hurting everyone else as well. Limited public aid programs may be necessary, but welfare programs like Medicaid have a natural tendency to expand over time. Conservatives must carefully guard against gradual expansion and ensure that these popular programs don't lead to a bloated bureaucracy and a weakened economy.

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<sup>4</sup> For a summary of your complaints against the bill, see Peck, Emily. March 30, 2022. "Mississippi passes equal pay law with loopholes." Axios. <https://www.axios.com/2022/03/30/mississippi-passes-equal-pay-law-loopholes>.

People who have fallen on hard times need temporary assistance and encouragement to get back on their feet as quickly as possible. Generous, long-term benefits programs remove the incentives that naturally push people to make the investments that will benefit them more in the long run. Instead of helping them improve their labor skills and gain a more stable, profitable position in the economy, these programs render individuals dependent on continued public support. This deprives them of the dignity of work and independence while also depriving the economy of their labor and increasing the burden on taxpaying members of society.

Some will argue that extending the period of time a postpartum woman can remain on Medicaid is not a real expansion of the program or that this is necessary to improve women's pregnancy-related health in the state. Admittedly, the state has a poor record on women's and children's health; in addition, it is reasonable to expect that poverty is the main culprit driving poor outcomes. However, the solution is not more Medicaid. In fact, there is evidence to suggest that government health insurance does not actually produce better health outcomes for the poor. Yes, they have insurance, but this doesn't change the environmental or behavioral factors that are causing them to be sick.

Quite the opposite. Medicaid coverage and other welfare programs discourage these women from making the personal changes and investments that would help them and their children climb out of poverty. If they had to pay their own medical bills or purchase their own insurance, they would be more motivated to stop smoking, start exercising, and otherwise pursue a healthier lifestyle. In addition, without the government stepping in to provide support, many of these women would seek the stability of marriage before or soon after having children. These durable partnerships would go much further than government assistance in reducing poverty, promoting the healthy emotional and spiritual development of children, and improving the quality of life in Mississippi.

Indeed, while long-term government aid has no positive long-term effect on the lives of those on the public rolls, its negative effects on society are large and concerning. Most obviously and incontrovertibly, the expansion of welfare programs requires increasing tax rates. Welfare programs that cover a large number of individuals for a long time are expensive. They increasingly take up the majority of state and federal government revenues, leaving little to spend on traditional services like education, public safety, sanitation, and transportation. This means governments are forced to either go into debt (which is not an option for many states and, at the federal level, is unsustainable and will eventually lead to a sovereign debt crisis) or raise taxes. This is the opposite of what we need. As a practical matter, taxes on income eat away at the benefits employers and their employees stand to gain by expanding their businesses and moving up in their fields, respectively. Chipping away at their incentives to grow makes it less likely that

they will engage in the hard work and investments necessary to become more productive. That's bad for business and bad for Mississippi.

Luckily, Mississippi reduced the state income tax in 2022, increasing the ability of our businesses to expand and employ more people. We should be figuring out how to further reduce taxes or, at minimum, how to keep spending within the limits of the new, lower tax burden. Expanding Medicaid benefits by enrolling more people or extending the period of eligibility for those who qualify will not allow us to meet these important fiscal goals. Instead, it will trap more women and families in poverty, reduce the labor force in the state, and prevent economic growth. All this, and it won't even improve health outcomes.

## Yellow Group: Compassionate Conservatives Network

*Leading Figures: Kevin Blackwell, MS Senate; Lynn Fitch, Attorney General (sort of)<sup>5</sup>*

*Goal: Strengthen traditional family values, improve pregnancy-related outcomes for Mississippi families, and reduce the incidence of abortion in the state. Mississippi has the opportunity to lead as an example of what it means to be a truly pro-life state by adopting policies that support families, particularly mothers, throughout pregnancy and during early childhood. Even if Roe v Wade is overturned and abortion is outlawed in the state, it will not mean the end of abortion and won't ensure every child receives the love and care they deserve. Abortion can only be fully eliminated if women choose to continue their pregnancies, and policies that encourage marriage, strengthen community resources, and provide safety nets and `pro-life options for poor women and women in crisis will be essential to making sure women make the right choice.*

For nearly fifty years—ever since the US Supreme Court issued its opinion in *Roe v Wade* in 1973—activists in your network have been fighting against the practice of abortion. It has been a long fight, but you have had tremendous success since the 1990s in getting state laws passed that restrict the practice and in barring the use of federal

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<sup>5</sup> In 2020, Attorney General Lynn Fitch joined 17 other states and the Trump Administration in a legal challenge seeking to unravel the Affordable Care Act (ACA), aka "Obamacare." The ACA is the law that makes it possible for states to expand Medicaid coverage, including for postpartum mothers. While actions like this suggest AG Fitch's staunch opposition to Medicaid, she has also positioned herself as a compassionate conservative as her office has defended Mississippi's 15-week abortion law before the Supreme Court in the ongoing *Dobbs v. Jackson Women's Health Organization* case. She has partnered with Her PLAN and encouraged policies to strengthen pregnancy crisis centers and provide more support to pregnant women and new mothers. For more information, see Pittman, Ashton. October 8, 2021. "Abortion Advocates Ignore Women's Poverty, Attorney General Fitch Claims." *Mississippi Free Press*. <https://www.mississippifreepress.org/16779/abortion-advocates-ignore-womens-poverty-attorney-general-fitch-claims>.

funds to pay for the procedure. Now, the Court is poised to either severely curtail the supposed constitutional right to an abortion or eliminate it entirely.

However, your work is far from over. Even if the Court overturns *Roe v Wade*, this would simply allow you to fight the battle more fully. It would not ban abortion nationally; it would only allow your network to pursue national and/or statewide bans. In addition, you recognize that the end to legal abortion will not be the end to abortion. Desperate women will still seek to end unwanted pregnancies, and an underground network of abortion activists and providers is already forming to assist them.

To truly defeat abortion, you seek policies that will reduce the demand for illegal abortion as well as those that will outlaw the legal supply of abortion procedures. The pro-choice movement has long criticized the pro-life movement as being concerned only with life in the womb. If you are going to convince majorities across the country to outlaw abortion entirely, you must demonstrate concern for the lives of women and children broadly. Just as importantly, you seek a society where women are empowered to choose life and laws banning abortion are rarely needed. You believe that the vast majority of women will eagerly choose to continue their pregnancies if only they are given the support they need.

By understanding the factors that drive women to end to their pregnancies, your network will work to build safety nets that catch women and keep them from falling into the trap of abortion, which only appears to offer a solution to their problems. Faith-based crisis pregnancy centers are already leading the way in this effort. They provide or connect women to counseling, temporary shelter or housing assistance, medical care, food, clothing, and other goods and services. The national network of such centers needs to be expanded and strengthened. The recent passage of the Pregnancy Resource Act is a significant win for this effort, as it will encourage more charitable giving to these centers. Extending the period of postpartum Medicaid insurance women receive from two to twelve months could also be a win for the network.

Government assistance programs like Medicaid are an essential part of the work done by crisis pregnancy centers. Often, center staff make the biggest difference by being experts at connecting women to all the services they need to feel confident about having and raising a baby. This includes educating women about and helping them enroll in government assistance programs like Medicaid. Even more critically, some centers offer their own clinical services and are reimbursed by Medicaid when they provide medical care to low-income pregnant and postpartum women. Often, women stop showing up for appointments and lose touch with center support staff after their two-month period of coverage ends. Extending coverage would keep women coming back for a full year. So expanding postpartum coverage for women to a full year is something your network tends to endorse.

There is a bit of tension surrounding some of the work involved in this new “pro-life plus” campaign. Your coalition is large and surprisingly varied. Beyond Mississippi, it includes faith-based organizations from multiple traditions as well as some secular organizations. In Mississippi, while the coalition is mostly Protestant Christian, it is also varied in ideological terms, with some members embracing economic liberalism and others much more progressive in their support for economic reform and public welfare programs. There is also a range of opinion even on social policy; for example, some supported the recent legalization of gambling and medical marijuana in Mississippi while others were among the most vocal opponents.

Given this diversity of opinion, it isn’t surprising that some in the network are as uncomfortable extending postpartum Medicaid coverage as they are increasing access to birth control and starting single-moms support groups at their local church. They worry that these actions condone sex outside of marriage and enable women to remain unmarried. Still, the majority in your coalition is convinced that women who feel the love and support of their communities will be more likely to make healthy, ethically-sound choices when compared with those who are left to fend for themselves. In addition, Medicaid isn’t really the solution you’re endorsing; it’s just that postpartum Medicaid expansion will strengthen the real change-makers: the crisis pregnancy centers. Besides, even if a woman remains unmarried, it is better that she have a healthy and happy child than an abortion. Finally, scripture teaches us that we can defeat evil and save people only when we address the temptations that overwhelm them: “Rescue the poor and helpless; deliver them from the grasp of evil people” (Psalms 82:4, New Living Translation).